

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET.**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/597180

7/14/08

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		2				
8		2				
9						
10						
11						
12						
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18						
19						
20						
21	1		1			
22						
23		2				
24		2				
25		2				
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						